Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Our Lady of Lourdes Care Facility
Name of provider:	Melbourne Health Care Limited
Address of centre:	Kilcummin Village, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 November 2021
Centre ID:	OSV-0000265
Fieldwork ID:	MON-0033113

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady of Lourdes Care Facility is a designated centre located within the rural setting of the village of Kilcummin and a short distance from the town of Killarney, Co. Kerry. It is registered to accommodate a maximum of 68 residents. It is a two-storey facility with lift and stairs to enable access to the upstairs accommodation. It is set out in three wings: Dun Beag is a dementia-specific unit accommodating 18 residents; Tus Nua on the first floor 28 residents; and Deenagh on the ground floor with 22 residents. Bedroom accommodation comprises:

* single bedrooms x 40 with en-suite facilities of shower, toilet and hand-wash basin
* single bedrooms x 4 with wash-hand basin
* twin rooms x 10 with en suites facilities of shower, toilet and hand-wash basin
* twin rooms x 2 with wash-hand basin.

Additional shower, bath and toilet facilities are available throughout the centre. Communal areas downstairs in Deenagh comprise a large comfortable sitting area, dining room area, prayer room and hairdressers' room. Residents have direct access to a secure, paved, outside area with seating. The laundry is located on the ground floor. Upstairs in Tus Nua there is a large lounge with access to the enclosed outdoor balcony seating area, dining room, main kitchen, coffee dock and seating by the nurses' station. In Dun beg, there is a kitchenette, small dining room and small sitting room with open access to the main lounge in Tus Nua. Our Lady of Lourdes Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, dementia care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 1 November 2021	09:00hrs to 19:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with four residents in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care provided in the centre.

There were 62 residents residing in Our Lady of Lourdes Facility at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The inspector observed that this was a two-storey building, with resident accommodation on both floors; set out in three units: Deenagh (22 beds) on the ground floor, and Tus Nua (28 beds) and Dun Beg (18) upstairs. Dun Beg was specifically designated to care for residents with a diagnosis of dementia. The main entrance was wheelchair accessible and led to the main reception and main day room downstairs. The oratory, hairdressers' room and bedrooms were located to the right of main reception; nursing and administration offices, dining area for Deenagh, and residents bedroom accommodation were located to the left of main reception. Additional toilet and bath facilities were available here. The laundry and storage facilities were accessible via a secure corridor on the ground floor.

Upstairs was accessed via a lift and stairs, and these opened into the expansive day room on Tua Nua. The day room had glass frontage which opened into a large patio area with garden furniture with tables, chairs and raised flower boxes and potted plants. The day room itself had ample room for specialist chairs, expansive table which was seen to be used for activities and some resident chose to have their meals and snacks there. The coffee doc was a lovely quiet space found off the day room, where residents and visitors could meet in private. There were water dispensers available on both floors.

Dunbeg was partially secure in that the main entrance to it was keypad access, nonetheless, there was an archway access between the day room in Tus Nua and Dunbeg for residents to move around independently. While there were shower and toilet facilities in both units, some required upgrading as the wall and floor tile coverings were miss-matched and not in keeping with a home-like environment.

Call bells were fitted in bedrooms, bathrooms and communal rooms. Most bedrooms were of adequate size and layout and could accommodate a bedside locker and armchair. Residents had good wardrobe space for storage and hanging clothes; flat-screen televisions were wall-mounted in bedrooms. Low low beds, mattresses, specialised pressure relieving mattress, and specialist wheelchairs were seen to be used by residents. However, due to the layout of the bedrooms some twin

occupancy bedrooms did not facilitate both residents to have unobstructed access to their wardrobe space, for example room 109 and 114. Twin bedroom 114 did not allow unobstructed access by both residents to the en suite facilities. Twin bedrooms did not have separate storage units in en suites for residents to safely store their toiletries. In some twin rooms, residents toiletries including tooth brushes were seen on the sink ledge; consequently, prevention of cross infection could not be assured.

Bedroom 167 had been reduced from twin occupancy to single occupancy, however, the space had not been re-allocated as the curtain rails remained in place dividing the room and the bed remained in the corner of the room.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a warm manner, and asked residents how they were. Lovely conversation and interaction was heard throughout the day between staff and residents.

Breakfast was observed throughout the morning and some residents had their breakfast in the dining rooms following their personal care. At 11:00hrs one lady was being taken to the dining room following a shower and had rollers in her hair. She said that the health-care assistant (HCA) looking after her always took great care with her hair; she praised the staff and the attention they give her and said 'you always feel good after having your hair done, it gives you a lift'. She was later seen enjoying her breakfast in the dining room. A HCA was allocated to the dining room and asked residents' their choice for their breakfast and asked if they wanted more of anything.

Medications were administered either before or after meals to ensure meals were protected. The main meal of the day was observed on both units. Downstairs, dependent resident were taken to the dining area while others walked independently there. However, staff were organising deserts and trays, taking food temperatures and noisely preparing textured fluids and did not acknowledge residents as they came to the dining area or offer them a drink while they were waiting. It was reported to the inspector that the nurse was assisting a resident in their bedroom with their meal so appropriate supervision was not in place during mealtime. Nonetheless, staff providing assistance to residents in their bedrooms actively engaged with people chatting as they were assisting with mealtime. Upstairs, meals were served and staff interacted with residents in a kind and respectful manner. Meals were well presented and residents spoke highly of the food they received. However, textured meals were served in 3 adjoined ramekin bowls with vegetables, meat and potatoes in individual bowls. Residents, in particular, those with a cognitive impairment would not have associated this presentation as a meal as it was not reminiscent of plated food.

Downstairs in the morning, the physiotherapist facilitated an exercise and assessment session. Good interaction and individualised instruction and care was given to residents. Following ongoing assessments by the physiotherapist, additional aids were procured for residents such as support splints, to enable them maintain their degree of mobility and flexibility. One resident spoken with said she found the sessions invaluable as it helped her maintain her current movement in her joints.

Another resident refused to upgrade the wheelchair as the one she had allowed her to self-propel around the centre which maintained her independence. She was observed independently mobilising to her bedroom, oratory and day room.

Upstairs in the morning two activities staff actively engaged with residents with fun, games, activities, singing and music. In the afternoon there was an activities staff on both floors. Downstairs, the staff had organised a game of bingo displayed on the large screen TV in the day room. Residents said it was fantastic as it was easy to see and follow. The inspector heard residents' great banter, checking numbers and checking bingo cards to make sure everyone was playing honourably, and there was great commotion when one of the residents got a 'full house'. When the game of bingo was over, the activities person asked if they would like to play cards so a lively card session followed.

Photographs were displayed of resident enjoying parties and celebrations of Easter, St Patrick's day birthdays. There were two resident cats, Twinkle and Ginger and some residents had feeding bowls and bedding for them in their bedroom for the pets; Misty was the name of the donkey in the paddock alongside the centre where residents could access from the side of the building. There was an outdoor garden area where one resident had developed a vegetable garden, however, aside from this, the outdoor space downstairs was not developed. While there was an expansive veranda upstairs where several bedrooms had patio-door access, this was not developed to facilitate residents using it. In addition, the balcony wall was not of sufficient height to be assured that it was safe. Nonetheless, the secure patio area off the lounge in Tua Nua had additional clear re-enforced perspex on top of the wall ensuring the area was safe.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. There were two separate entrances to the units upstairs which were used by staff as part of their COVID-19 precautions to prevent cross-over of staff. These were also used by visitors to prevent walking though the centre un-necessarily. There were separate staff changing rooms and canteen facilities in place on both floors.

Orientation signage was displayed around units to ally confusion and disorientation. Information displayed at reception included the statement of purpose, residents' guide, health and safety statement, inspection reports, complaints policy, advocacy services and flu vaccine leaflets. The day's menu choice was displayed as well as the activities programme.

Laundry was segregated at source. The laundry and storage area was refurbished since the previous inspection and was fit for purpose. The laundry was laid out in three rooms: the first was the 'dirty' room with it's own entry where dirty laundry was brought; the second room adjoined this room and clean laundry was decanted here for drying. The third room had hanging rails for residents delicate clothes and woollens to dry. New shelving enabled storage of residents' individual laundry baskets in the clean side of the laundry. Additional space was allocated to allow for ironing of clothes in the clean area. Another room was refurbished and facilitated

storage of bed linen and personal protective equipment (PPE).

Hand-wash hubs were available on both floors. Wall-mounted hand sanitisers were available throughout the centre and staff were observed to comply with best practice hand hygiene. While best practice was observed regarding wearing PPE, plastic aprons were routinely draped over handrails along corridors, which posed a safety risk. A shower head and commode cover were seen on the floor in one en suite.

Emergency evacuation plans were displayed in the centre with accessible information. Additional evacuation notices were displayed opposite three bedrooms reminding staff of the evacuation route for those particular beds. Appropriate signage was displayed on rooms where oxygen was stored.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a good service with a clear governance structure with good oversight and monitoring of the service that promoted a rights-based approach to care delivery.

Our Lady of Lourdes Facility was a residential care setting operated by Melbourne Health Care Limited. It was registered to accommodate 68 residents. The governance structure of Our Lady of Lourdes comprised the board of directors with one of the board members nominated as the person representing the registered provider. The person in charge reported to the nominated person. The person in charge was supported on site by the clinical nurse manager 2 (CNM2), CNM1s (two on Deenagh and Dun Beg, and one on Tus Nua) administration and clinical, and maintenance staff.

There was evidence of good governance and oversight of the centre with monthly clinical governance meetings, where issues such as human resources, complaints, incidents, audits, and key performance indicators were discussed and monitored. Improvements identified had associated action plans with responsibilities assigned and the progress status relating to the actions.

The audit schedule for 2021 was evidenced and it was set out in the format of themes of the national standards with the associated regulations thereunder. Clinical, observational and work practices were audited. Monthly observational audits were completed on each unit observing an array of activities such as housekeeping and cleaning practices, care giving and medication management. Feedback was given to the staff member and learning was fed back to the CNM on each unit as part of their overall learning and quality improvement. However, following review of the audit of mealtimes and observation on inspection, the audit tool could not

capture the observations seen, and required review.

Trend analyses were conducted on areas such as end of life care, complaints, and restrictive practice for example. Regarding end of life care, de-briefing sessions were facilitated with family members and their insight and feedback of their experience was elicited. Following this, there was additional training and discussion with staff as part of their quality strategy in improving their service. Similarly, following examination of complaints and communication, additional pathways were initiated to minimise the effect of social isolation and fall-out from the impact of COVID-19 pandemic.

The incidents register was part of their quality and safety management. This was an excellent document which detailed information on the incident, care planning status, whether an action or intervention was required, and controls put in place to mitigate recurrences of such incidents, such as referrals to the physiotherapist. Clinical observations were completed at the time of the incident in line with a high standard of nursing care providing assurances that all due care and attention was provided at the time of the accident or incident.

There was adequate staff to the size and layout of the centre. Duty rosters viewed showed staff allocation per unit and this included care and household staff. The training matrix was examined and showed that staff training was not up to date for mandatory training. A sample of staff files were reviewed. Inductions and staff appraisals were seen in staff files. Schedule 2 files (documents to be held in respect of the person in charge and each member of staff) were examined and these were comprehensive. An Bord Altranais professional PINS were seen for all nurses.

Controlled drug records required further attention to mitigate the risk of recording errors. Other records examined included medication administration and these were comprehensively maintained in the sample examined.

Residents had contracts of care in accordance with regulatory requirements. A current insurance certificate was displayed.

In conclusion, this was a good service where a rights-based approach to care delivery was promoted. The person in charge understood the value of auditing the service and how the results of audits and satisfaction surveys influenced quality improvement and quality of life of residents.

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of care staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated that training was out of date for many staff regarding manual handling, safeguarding, food safety, and data protection.

Meal times were not consistently supervised to ensure residents had a positive mealtime experience.

Judgment: Substantially compliant

Regulation 21: Records

Controlled drug records required review to mitigate the risk of errors or near miss episodes. The drug count was correct, and while errors were corrected documentation errors were seen when a resident required multiple doses of the same medication at the same time, which could lead to confusion and possible episodes of near-miss.

Judgment: Substantially compliant

Regulation 22: Insurance

A current insurance certificate was in place and had the necessary insurance coverage as detailed in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

A review of some audits such as the 'meals and mealtimes' audit was necessary in order to accurately capture dining experience to enable better outcomes for residents.

The systems in place to monitor risks required review as some areas such as clinical rooms were not securely maintained to prevent unauthorised entry which could pose a risk to residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were signed by residents or their next of kin when indicated. Fees, plus additional fees to be charged were included, along with details of room occupancy of either single or twin bedroom and the room number.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the current management structure, and deputising arrangements for times when the person in charge is absent from the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector correlated with the incident and accident log examined. They were timely submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was implemented in practice and complaints were maintained in line with regulatory requirements. The person in charge maintained robust oversight of complaints and followed up with complainants to ensure they were happy with the outcome. Comprehensive investigations were seen to be assured that due process was followed.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available on each unit and had been updated in 2021. The policy relating to communication with residents included communication specific to COVID-19.

Judgment: Compliant

Quality and safety

The inspector observed that, in general, care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Visiting was in line with current HPSC guidance of November 2021 and visitors were seen throughout the day in various locations such as bedrooms and day rooms. Appropriate IPC precautions were adhered with coming and going from the centre.

Residents had regular access to on-site GP consultation. Residents medications were reviewed as part of consultation with their GP and ongoing monitoring; the CNM2 outlined that there was ongoing monitoring of and responses to medication to ensure best outcomes for residents. Residents had access to specialist services such as psychiatry of old age, palliative care, speech and language, physiotherapy, occupational therapy, geriatrician, dietitian and optician. Information on the new 'Kerry Integrated Care Pathway for Older People (Kerry ICPOP) was seen and this service was part of the pilot scheme. The person in charge explained that this was an excellent initiative which included speech and language therapy and dysphagia training for staff, and access to consultant geriatrician services was invaluable. This scheme mitigated the need for some residents to attend the accident and emergency services as consultation was in-house enabling better outcomes for residents. The physiotherapist was on site every Monday and Thursday afternoons

providing assessment and healthy living exercise programmes.

Pre-admission assessments were undertaken by the person in charge to ensure that the service could provide appropriate care to the person being admitted. Care plan documentation reviewed showed mixed findings. Some care plans were person-centred with resident-specific information to guide and inform individualised care, however, some care plans were not resident-specific. Nonetheless, observation and feedback from resident showed that staff knew residents well and facilitated their choice and requests in a conversant and respectful manner. Wound care management records seen were not maintained in line with a high standard of evidence-based nursing care.

Transfer records for times when residents were temporarily absent from the centre were maintained. Good clinical oversight with monthly records of restraint including chemical restraint was maintained and this information fed into their clinical governance meetings.

Residents' meetings were held every three months. The minutes for meetings held in 2021 were seen. The person in charge facilitated these and there were lots of discussion and information sharing including the provision of current COVID-19 guidance. Other areas discussed included meal and menu choice. Good systems were demonstrated to safeguard residents' finances.

Laundry was segregated at source and laundry staff described best practice work-flows in the laundry to prevent cross infection in line with the national standards for infection control. Other precautions in place for infected laundry included the use of alginate bags. Sluice rooms were secure access to prevent unauthorised access to hazardous waste and clinical products, however, clinical rooms were not appropriately secured.

There was good oversight of fire safety precautions demonstrated. This included drills and simulated evacuations along with ongoing staff training.

Regulation 11: Visits

Visiting was facilitated in line with November 2021 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre with face masks, hand sanitising gels and advisory signage available throughout the centre. Updates relating to visiting in the centre were provided as the guidance changed or in line with the local COVID-19 numbers. Currently, the numbers in the community were quiet high so visiting was restricted for two weeks. Residents spoken with were familiar with the current visiting regimes and understood the rationale for the restrictions and mask-wearing. They said that staff kept them fully informed of the pandemic precautions.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for personal possessions included a double wardrobe and bedside locker for each resident. A lockable unit formed part of the storage available to residents. However, in some twin rooms, residents did not have easy access to their wardrobe due to the layout of the bedroom as the wardrobe was located within the bed space of one resident only.

Judgment: Substantially compliant

Regulation 13: End of life

While staff and GPs actively engaged with residents and their families regarding end-of-life care decisions, care plans were not always updated with care decisions agreed and documentation seen in the End of Life Decision-Making folder. Plans relating to end of life care did not include their resuscitation decisions, even though an easy-access sheet showed that all residents' resuscitation statuses were in place. Personalised information to direct holistic individualised care in line with residents preferences and wishes was not always available.

Judgment: Substantially compliant

Regulation 17: Premises

Some shower rooms required upgrading to ensure they were suitably decorated and in line with the ethos of their statement of purpose.

While there was outdoor space available to residents including the outdoor patio off Tus Nua, the veranda upstairs and the garden were not adequately maintained to enable residents to access them independently or safely.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered drinks and snacks throughout the day between meals.

Mealtime was protected as medications were administered after meals to ensure residents enjoyed their dining experience un-interrupted. While meals were well presented, textured meals were served in 3 adjoined ramekins which was not reminiscent of a normal main meal and may not provide the memory stimulus to residents with a diagnosis of dementia, that they were having a meal.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was displayed at reception for ease of access. This had information relating to COVID-19 and the possible impact on the service. Other information included comprised the contract of care and services provided such as physiotherapy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters when a resident required acute care or transfer to another institution so they could be appropriately cared for by the receiving facility, were maintained. Following discharge back to the centre, comprehensive information was available when the resident returned to the centre.

Judgment: Compliant

Regulation 26: Risk management

A current risk management policy and safety statement were available. The risk management policy had the specified risks as listed in regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Hand-wash hubs were available on both floors. The centre was visibly clean and there were adequate household staff on both floors during the day to facilitate

cleaning.

Clinical waste management with segregation protocols for clinical and non clinical waste were in place as part of their waste management system.

Judgment: Compliant

Regulation 28: Fire precautions

Fire training, drills and evacuation of compartments occurred on a routine basis to ensure staff were familiar with fire safety and could undertake an evacuation in a timely manner. Servicing of fire safety equipment was available and up-to-date. Daily fire safety checks were comprehensively maintained.

Emergency floor plans and evacuation routes comprehensively displayed the escape routes available. In addition, there was additional signage for three bedrooms indicating the escape route for that particular bed. Personal emergency evacuation plans were available and the folder was set out per zone per unit with the evacuation type and assistance needed per individual resident along with their photograph for easy identification.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector accompanied a nurse during a medication round. The nurse demonstrated best practice regarding medication administration in line with An Bord Altranais professional guidelines. In the sample examined, medication administration records were comprehensively maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Some care plans were person-centred with resident-specific information to guide and inform individualised care, however, others were generic and did not provided adequate information to inform individualised care. For example, one resident's assessment had indicated that they were at risk of infection, however, the specific risk was not documented to explain the risk to the individual resident. The narrative for the residents breakfast had specified their choice, however, records of residents' dinner and tea time meal

preferences, likes and dislikes had 'as per resident's choice'; similar narratives were written for assessment relating to self-image. This did not allow for sufficient detail to direct person centered care.

Judgment: Substantially compliant

Regulation 6: Health care

Wound care records was not maintained in line with a high standard of evidence-based nursing care. For example, one resident had two wounds but wound assessment and care planning records were not in place to establish a baseline or wound management progress.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff had good insight and knew residents well and re-directed in a kind and respectful manner and provided re-assurances which allayed upset and frustration.

Judgment: Compliant

Regulation 8: Protection

The inspectors observed that residents were relaxed, well dressed and had freedom of movement. Systems in place to safeguard residents finances included dual signatures for each transaction, receipts for purchases and a monthly audit was completed by the person in charge and the accounts manager and balances recorded. Systems in place enabled residents to access their finances should they wish, including at weekends.

Judgment: Compliant

Regulation 9: Residents' rights

There was a varied activities programme with two staff on six days per week to provide meaningful activation for residents. Residents gave positive feedback about

the range of activities and the activities staff, their encouragement and helpfulness.

Orientation signage around units helped ally confusion and disorientation and enable all residents to independently access areas easily.

The hairdresser came to the centre on a weekly basis and facilitated one unit per day to prevent cross-over of residents in line with infection prevention and control guidance. Mobile screens were in place as an additional precaution; these were transparent perspex frames enabling residents see their friends and chat, while at the same time be protected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady of Lourdes Care Facility OSV-0000265

Inspection ID: MON-0033113

Date of inspection: 01/11/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Our Lady of Lourdes has always taken its training seriously, however, due to constraints of Covid pandemic, some training was not fully completed as planned. To comply with Regulation 16(1)(a) Manual Handling Training - fully completed Safeguarding Training - completed by 19 December 2021 Food Safety Training for HCAs - completed by 19 December 2021 Data Protection - 30 April 2022. With regards to Regulation 16(1)(b), Nurses are now supervising the dining experiences in all units to effect a positive mealtime experience for residents. Spot checks of the supervision & mealtime experience have commenced and will continue.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: With regards to the correct procedure for documentation of multiple doses of the same MDA medication being given at the same time, the Person in Charge organized a meeting of Nurses and also had input from the Pharmacist to clarify the correct procedure. As there are 3 MDA registers in existence in Our Lady of Lourdes, all 3 registers were spot	

checked. A laminated procedure has been placed on the front covers of the registers for future guidance. All Nurses have completed their medication management training & the annual medication competency assessment has been updated to include questions on this procedure.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
With regards to the dining experience, a new audit has been developed to capture any deficiencies in this area. On the day of inspection, only 1 of 3 units did not fully comply with what would have been expected of the staff, however, all units have now been spot checked by management & all deficiencies corrected. Spot checks will continue in this area. Audits for all areas will be reviewed prior to commencement of the audit throughout 2022, to ensure better outcomes for residents, staff & visitors.

On the day of inspection, some clinical room doors were either left open or unlocked. Nurses on duty have been made aware of the potential risk to residents, and are now ensuring clinical room doors are closed /locked when vacant.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
7 twin rooms will be assessed by the Company Engineer and the Quantity Surveyor in January 2022, to give options for room layouts taking into consideration easy access to individual wardrobes.
11 bathrooms in twin rooms will reviewed & separate storage units will be provided for personal care items.
Rm 167 was originally a twin room with room dividers in place. These dividers are now removed and the bed centrally positioned.

Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life: At this time, all End of Life care plans have been reviewed and updated with relevant information. A spot check / audit of care plans is planned for every 4 months throughout 2022 to ensure compliance of all care plans. Nurses who may require support with completing care plans efficiently will be tutored by PIC & CNM 2.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: With regards to the veranda in Tus Nua, the board of Management has requested the Company Engineer and Quantity Surveyor to assess this area. They will be available in January 2022 to do a site visit. Estimates of cost & options for updating this area will be budgeted for in 2022. Regarding the Garden in Deenagh, the Registered Provider will extend the present garden & develop a patio area with appropriate landscaping & seating. With regards to the communal bathroom in Dun Beag, the Registered Provider has organized a flooring specialist to review the floor. Walls will have a new covering of PVC water resistant cladding. Ceiling will be painted.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Residents who are independent with eating but may have swallowing difficulties, have their textured meal served on ordinary dinner plates. Ramekins had been introduced post audit approximately 3 years ago to deter staff mixing textured foods together when supporting resident to eat. To comply with regulation 18, the use of joined ramekin dishes has ceased and meals are now served on plates appropriate to the size of the meal. To reduce the risk of a re-occurrence, staff are being closely supervised and they have received education on the expected presentation & delivery of the meal. Kitchen staff are also aware of the expected presentation & serving of these particular meals. At present, staff are receiving formal training on Dementia.	

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
To comply with regulation 5, the Person in Charge & Clinical Nurse Manager 2 have reviewed all care plans. Generic care plans have been personalized to reflect individual wishes of residents & the care to be provided. A plan has been put in place for 2022, whereby care plans will be audited by management with additional random spot checks throughout the year. Nurses have been made aware of the need for personalized specific information requirement and the risk associated with not complying. An offer of tuition has been extended to any Nurse who feels he/she may need it.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC recognises the importance of correct documentation in wound care. She has provided informal education to Nurses and intends to provide formal education in 2022. Skin Integrity care plans have been reviewed & updated.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/08/2022
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	08/12/2021

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	03/11/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	03/11/2021
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/06/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/11/2021